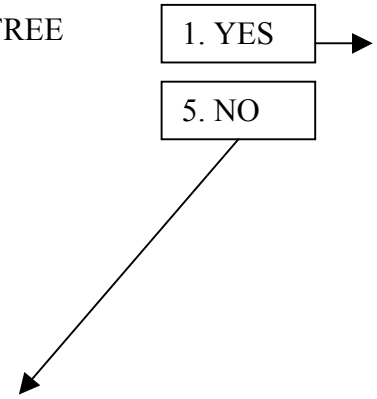
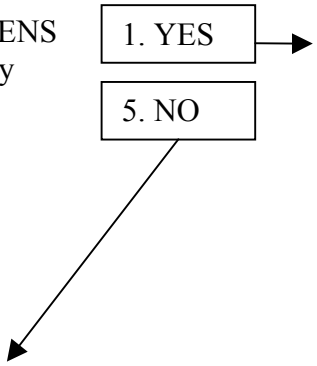
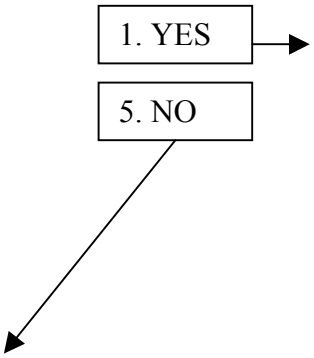
SECTION GH: DRUG DEPENDENCE

GH1. (RB, P. 29) The next questions are about your use of drugs on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use any of the drugs listed on P. 29 of the booklet on your own during the past 12 months? You can just give me the number.

IF VOL: NONE → TURN TO P. 113, GH2		GH1a. (RB, bottom of P. 29) How often did you use this drug in the past 12 months? Was it almost every day, 3 or 4 days a week, 1 or 2 days a week, 1 to 3 days a month or less than once a month?
1. ...SEDATIVES (E.G., SLEEPING PILLS)? (including barbiturates, e.g., Seconal, Halcion, Methaqualone)	1. YES 5. NO	1. ALMOST EVERY DAY 2. 3 OR 4 DAYS A WEEK 3. 1 OR 2 DAYS A WEEK 4. 1 TO 3 DAYS A MONTH 5. LESS THAN ONCE A MONTH
2. ...TRANQUILIZERS (E.G., VALIUM)? (e.g., Librium, Ativan, Meprobamate, Xanax)	1. YES 5. NO	1. ALMOST EVERY DAY 2. 3 OR 4 DAYS A WEEK 3. 1 OR 2 DAYS A WEEK 4. 1 TO 3 DAYS A MONTH 5. LESS THAN ONCE A MONTH
1. ALMOST EVERY DAY STIMULANTS)? (e.g. 2. 3 OR 4 DAYS A WEEK Ritalin, "Speed") 3. 1 OR 2 DAYS A WEEK 4. 1 TO 3 DAYS A MONTH 5. LESS THAN ONCE A MONTH	1. YES 5. NO	

xedrine,

	GH1a. How often did you use this drug in the past 12 months? Was it <u>almost every day</u>, <u>3 or 4 days a week</u>, <u>1 or 2 days a week</u>, <u>1 to 3 days a month</u> or <u>less than once a month</u>?
4. ...ANALGESICS OR OTHER PRESCRIPTION PAINKILLERS (E.G, CODEINE)? (Note: this does not include normal use of aspirin, Tylenol without codeine, etc., but does include use of Tylenol with codeine and other prescription painkillers like Demerol, Darvon, Percodan, Morphine, and Methadone) 1. YES → 5. NO ↓	1. ALMOST EVERY DAY 2. 3 OR 4 DAYS A WEEK 3. 1 OR 2 DAYS A WEEK 4. 1 TO 3 DAYS A MONTH 5. LESS THAN ONCE A MONTH
5. ...INHALANTS THAT YOU SNIFF OR BREATHE TO GET HIGH? (e.g., Amylnitrate, Freon, Nitrous Oxide, or "Whippets", Gasoline) 1. YES → 5. NO ↓	1. ALMOST EVERY DAY 2. 3 OR 4 DAYS A WEEK 3. 1 OR 2 DAYS A WEEK 4. 1 TO 3 DAYS A MONTH 5. LESS THAN ONCE A MONTH
6. ...MARIJUANA OR HASHISH? 1. YES → 5. NO ↓	1. ALMOST EVERY DAY 2. 3 OR 4 DAYS A WEEK 3. 1 OR 2 DAYS A WEEK 4. 1 TO 3 DAYS A MONTH 5. LESS THAN ONCE A MONTH

	GH1a. How often did you use this drug in the past 12 months? Was it almost every day, 3 or 4 days a week, 1 or 2 days a week, 1 to 3 days a month or less than once a month?
7. ...COCAINE OR CRACK OR FREE BASE? 	1. ALMOST EVERY DAY 2. 3 OR 4 DAYS A WEEK 3. 1 OR 2 DAYS A WEEK 4. 1 TO 3 DAYS A MONTH 5. LESS THAN ONCE A MONTH
8. ...LSD OR OTHER HALLUCINOGENS (e.g., PCP, angel dust, peyote, ecstasy (MDMA), mescaline)? 	1. ALMOST EVERY DAY 2. 3 OR 4 DAYS A WEEK 3. 1 OR 2 DAYS A WEEK 4. 1 TO 3 DAYS A MONTH 5. LESS THAN ONCE A MONTH
9. ...HEROIN?  NEXT PAGE GH2	1. ALMOST EVERY DAY 2. 3 OR 4 DAYS A WEEK 3. 1 OR 2 DAYS A WEEK 4. 1 TO 3 DAYS A MONTH 5. LESS THAN ONCE A MONTH

GH2. INTERVIEWER CHECKPOINT

☐ **1. ONE OR MORE YES ANSWERS IN GH1, 1-9**

☐ **2. ZERO YES ANSWERS IN GH1, 1-9 → TURN TO P. 115, GH13**

GH3. In the past 12 months, did your use of (this substance/any of these substances) ever interfere with your work at school, or a job, or at home?

1. YES	5. NO → GO TO GH4

GH3a. (RB, P. 30) How often, once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

1. ONCE OR TWICE	2. BETWEEN 3 AND 5 TIMES	3. BETWEEN 6 AND 10 TIMES	4. BETWEEN 11 AND 20 TIMES	5. MORE THAN 20 TIMES

GH4. During the past 12 months, were you ever under the influence of (this substance/any of these substances) in a situation where you could get hurt - like when driving a car or boat, using knives or guns or machinery, or anything else?

1. YES	5. NO

GH5. During the past 12 months, did you have any emotional or psychological problems from using (this substance/any of these substances)--such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

1. YES	5. NO

GH6. During the past 12 months, did you have such a strong desire or urge to use (this substance/any of these substances) that you could not keep from using (it/them)?

1. YES	5. NO

GH7. During the past 12 months, did you have a period of a month or more when you spent a great deal of the time using (this substance/any of these substances) or getting over (its/their) effects?

1. YES	5. NO

GH8. During the past 12 months, did you often use much larger amounts of (this substance/any of these substances) than you intended to or did you use (it/them) for a longer period of time than you intended to?

1. YES	5. NO → GO TO GH9

GH8a. (RB, [STILL ON] P. 30) How often, once or twice, between 3 and 5 times, between 6 and 10 times, between 11 and 20 times, or more than 20 times in the past year?

1. ONCE OR TWICE	2. BETWEEN 3 AND 5 TIMES	3. BETWEEN 6 AND 10 TIMES	4. BETWEEN 11 AND 20 TIMES	5. MORE THAN 20 TIMES

GH9. During the past 12 months, was there ever a time when you had to use more of (this substance/any of these substances) than you used to, to get the same effect you wanted?

1. YES	5. NO

GH13. Since (W3 IW DATE), were you required to take a drug test for an employer or for a training program?

1. YES

5. NO → GO TO GH14

GH13a. Did you pass the drug test?

1. YES

5. NO

6. REFUSED DRUG TEST

GH14. Now I would like to ask you about any contacts you may have had with the legal system as an adult because of drugs. Since age 18, have you been arrested for drug-related reasons?

1. YES

5. NO → NEXT PAGE, SECTION J

GH15. In all, how many times have you been arrested for drug-related reasons since the age of 18?

_____ # OF TIMES

GH16. How many times have you been convicted for drug-related reasons since the age of 18?

_____ # OF TIMES

0. NONE → NEXT PAGE, SECTION J

GH17. In all, how many times have you been in a jail or prison for drug-related reasons since the age of 18?

_____ # OF TIMES

GH18. Are you currently on probation or parole for a drug-related conviction?

1. YES

5. NO